

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00458

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

118 East Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 118 East Church Street

(If rural, give LOCATION)

None

2.(d) If veteran, name war

3. (a) FULL NAME

BABY ALEXANDER

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

January 9, 1948

5. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

0000 hrs.10 min.9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER
MOTHER12. Name John A. Esworthy13. Birthplace Frederick, Maryland14. Maiden name Margaret Alexander15. Birthplace Middletown, Maryland16. Informant Miss Margaret AlexanderAddress 118 E. Church St., Frederick, Md

17. Burial

Date thereof

1/10/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 Jan 1948

(Date rec'd by registrar)

Elizabeth G Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th 1948 at 8:38 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days ago on Jan 9 1948

Immediate cause of death

asphyxiation

DURATION

5 to 10
minutes

Due to

cloth over face

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Child alive when born

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

homicide

Date of

Jan 9, '48

Where did injury occur?

Frederick, Frederick, Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Mechanism of injury

cloth over face

Injured at work?

23. SIGNATURE

P. W. BauExaminer

M. D. or other

Address

Frederick, MdDate signed 1-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly, especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 13 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

00459

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Mount Pleasant
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mount Pleasant
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

GRAYSON CLINTON ANGLEBERGER

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>D</u>
6. (b) Name of husband or wife <u>Elsie Hoffman</u>		
7. Birth date of deceased (mo., day, yr.) <u>May 11, 1877</u>		
6. (c) If alive, give age <u>44</u> years		
8. AGE: Years <u>70</u>	Months <u>8</u>	Days <u>20</u>
It less than one dayhrs.min.		

9. Birthplace Nr. Mt. Pleasant-Frederick-Md.
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Philip J. Angleberger
 13. Birthplace Frederick County Maryland
 14. Maiden name Sarah J. Stone
 15. Birthplace Frederick County Maryland
 16. Informant Mrs. Earl W. McDevitt
 Address R. F. D. #1, Frederick, Md.

17. Burial Date thereof 2/2/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 2 Feb 1948 Elizabeth G. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1948 830 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15, 48 1948, to Jan 31 1948

and that I last saw him alive on Jan 30, 48

Immediate cause of death Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Lawrence E. Foster Day M. D. other

Address Woltersville, Md Date signed Jan 31, 48

RECEIVED

FEB 4 1948

ST. PAUL, MINN.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of year of birth
shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

FILM No. G 114 JAN 28 1948

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 Years
Hospital, institution, or street address where death occurred:
323 North College Parkway
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 323 North College Parkway
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
JOSEPH HENRY APPLE LL D.

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced
6. (b) Name of husband or wife Gertrude Harner
7. Birth date of deceased (mo., day, yr.) August 4, 1865
6. (c) If alive, give age 79 years
8. AGE: Years 82 Months 5 Days 13 If less than one day
..... hrs. min.

9. Birthplace Rimersburg, Pennsylvania
(Town, county, and state)
10. Usual occupation President Emeritus
11. Industry or business Hood College
12. Name Joseph H. Apple
13. Birthplace Hamburg, Pennsylvania
14. Maiden name Elizabeth Anne Geiger
15. Birthplace Manchester, Maryland

16. Informant Miss Mirian R. Apple
Address 323 N. College Pkwy, Fred'k, Md.
17. Burial 1/20/48
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 20-Jan-1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1948 at 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947 to Jan 17, 1948
and that I last saw him alive on Jan 17, 1948

Immediate cause of death Cerebral thrombosis DURATION 2 days

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions Arteriosclerosis, Heart Disease

Myocardial Infarction
(Include pregnancy within 3 months of death)

Major findings of operations None

Antopsy results None Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

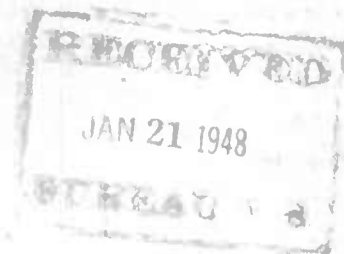
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Justin Pearce M. D.

Address Frederick, Maryland Date signed 1-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 00461
 Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Feagaville
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Feagaville
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

ANN REBECCA BEARD

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced
 6.(b) Name of husband or wife Harlan J. Beard
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 30, 1860
 8. AGE: Years 87 Months 8 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Jefferson-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Philip Culler
 13. Birthplace Frederick County Maryland
 14. Maiden name Ann R. Dixon
 15. Birthplace Frederick County Maryland
 16. Informant Mrs. A. Eugene Renn
 Address R. F. D. #4, Frederick, Md.
 17. Burial St. Lukes Cemetery Date thereof 1/19/48
 (Burial, cremation or removal. Which?) (month) (day) (year)
 Cemetery or crematory R. F. D. #4, Frederick, Md.
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address
 19. 19 Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1948 at 9:50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 2, 1947 to Jan 16, 1948
 and that I last saw him alive on Jan 14, 1948

Immediate cause of death

Senile Dementia
Heart Failure
Stroke

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.

Address Frederick, Maryland Date signed 1-19-48

RECEIVED

JAN 21 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00462

AC
Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/27/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/27/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 101 W. Monument St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I ✓

3. (a) FULL NAME

Theodore E. Bever

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of ~~husband~~ wife Madelyn Bever
 6.(c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) July 10, 1894
 8. AGE: Years 53 Months 6 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Hoboken, New Jersey
 (Town, county, and state)
 10. Usual occupation Manager of Bakery
 11. Industry or business _____

MOTHER FATHER
 12. Name Paul John Bever
 13. Birthplace Tarrytown, New York
 14. Maiden name Gretchen Schmalz
 15. Birthplace Hoboken, New Jersey
 16. Informant Deceased

Address Removal
 17. (Burial, cremation, or removal. Which?) _____ Date thereof _____ (month) (day) (year)
 Cemetery or crematory _____
 Location Rutherford N.Y.
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. Jan. 21 19 48 _____
 (Date rec'd by registrar) _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 19 48 at 4:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 27 19 47, to January 20 19 48
 and that I last saw him alive on January 20 19 48

Immediate cause of death _____
Pulmonary Tuberculosis DURATION 33 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Green M. D. _____Address State Sanatorium, Md. Date signed 1/21/48

RECEIVED

JAN 23 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0046331

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 hrs.

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Union Bridge R.F.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Eugene Bodmer

3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Dec. 18, 1936

8. AGE:

Years

Months

Days

If less than one day

1113

_____ hrs.

_____ min.

9. Birthplace Frederick, Fred Co. Md.
(Town, county, and state)10. Usual occupation Student

11. Industry or business

12. Name William E. Bodmer13. Birthplace Maryland14. Maiden name Catherine Bicketts15. Birthplace Maryland16. Informant Mrs. William BodmerAddress Union Bridge, Md. R.F.D.17. Burial
(Burial, cremation, or removal. Which?)Date thereof 1-23-48
(month) (day) (year)Cemetery or crematory MonocacyLocation Beallsville, Md.18. Funeral director Tom B. HiltonAddress Barnesville, Md.19. 22 Jan 1948 Elizabeth S. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 1948 to _____ 1948
and that I last saw him alive on Jan 21 1948

Immediate cause of death

Fracture of skull
Fracture of left arm
Lower left limb
Fracture

DURATION

6 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1.21.48Where did injury occur? near vicinity Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. Route 31Means of injury automobile Injured at work? no23. SIGNATURE P. W. Buer Deputy medAddress Frederick, Md. Date signed 1.21.48

RECEIVED

JAN 23 1948

BUREAU

105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The object of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

00464

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month 10 days
 Hospital, institution, or street address where death occurred: Fredrick Memorial Hospital
 How long in hospital or institution? 1 month 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Fredrick
 City or town Bartonsville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #1
 (If rural, give LOCATION)
 2(a) If veteran, name war none

3. (a) FULL NAME

Nanni Brooks

3. (b) Social Security Number

219-20-1149

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Charles W. Brooks
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) Jan 15 1900
 8. AGE: Years 47 Months 11 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick, Fredrick Md
 (Town, county, and state)

10. Usual occupation cook

11. Industry or business Sanitarium

12. Name James Amelush Sr.

13. Birthplace Fredrick Co

14. Maiden name Daisy Nicholls

15. Birthplace Fredrick Co

16. Informant Charles W. Brooks

Address Route #1, Fredrick Md

17. Buried Date thereof Jan 4, 1948
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Bartonsville

Location Bartonsville, Md

18. Funeral director Harry E. Gerty Co

Address Fredrick, Md.

19. 2 Jan 1948 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1948 at 10⁵⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1947, to Jan 1 1948
 and that I last saw her alive on Jan 1 1948

Immediate cause of death Malignant Hypertension DURATION 3 mos.

Due to Gravida: due to chronic nephritis (3-10-48-49)

Due to Hypertensive Heart Disease

Other conditions none (Include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

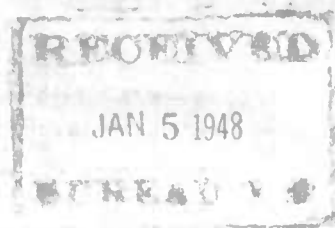
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Pearce M.D. M. D. or other _____

Address Fredrick Md Date signed 1/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00465

Reg. Dist. No. 144 133

1. PLACE OF DEATH:

County Fredrick
City or town Foxville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Foxville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Geachie M. Buhman

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 20, 1937
8. AGE: Years 10 Months 3 Days 28 It less than one day
hrs. min.

9. Birthplace Foxville, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Geachie M. Buhman
13. Birthplace Garfield, Md.
MOTHER 14. Maiden name Charlotte Miner
15. Birthplace Foxville, Md.

16. Informant Geachie M. Buhman
Address Foxville, Md.

17. Burial Burial Date thereof Jan. 20, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Mt. Bethel
Location Garfield, Md.

18. Funeral director M. G. Crager & Son
Address Farmers, Md.

19. Jan. 20 19 48 Blanche S. Eyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 19 48 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on Jan 19 19 48

Immediate cause of death Cerebral DURATION 15 min
nearly complete

Due to
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

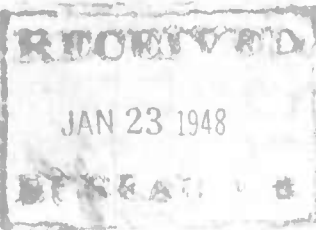
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 1. 18. 48
Where did injury occur Near Foxville Fredrick Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury House burned down Injured at work? no

23. SIGNATURE R. W. BAER
Address Fredrick, Md Date signed Jan 20 1948
DR. R. W. BAER
DEPUTY MEDICAL REGISTRAR
M. G. Crager

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **144 133**

1. PLACE OF DEATH:

County Fredrick
City or town Farmville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Farmville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Larry Dale Buchanan

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 1, 1938 6.(c) If alive, give age _____ years

8. AGE: Years 9 Months 9 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Farmville, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Archie M. Buchanan
13. Birthplace Garfield, Md.

MOTHER 14. Maiden name Alabette Mauer
15. Birthplace Farmville, Md.

16. Informant Archie Buchanan
Address Lantz, Md.

17. Burial Date thereof Jan. 20, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Bethel
Location Garfield, Md.

18. Funeral director W. L. Meyer & Son
Address Thurmont, Md.

19. Jan. 20 19 48 Blanche J. Epler
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 19 48, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him alive on Jan 19 19 48

Immediate cause of death Cremation
mostly complete DURATION 15 min

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 1. 18, 48
Where did injury occur? Farmville, Fredrick Co. Md.
Injured at home, farm, industry, public place (where?) house
Means of injury House burned down Injured at work? no

23. SIGNATURE R. W. Epler DEPUTY DR. R. W. Epler
Address Farmville, Md. Date signed Jan 19, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 23 1948

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

00467

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 50 Years

Hospital, institution, or street address where death occurred:
106 West Third Street

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 106 West Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

CHARLES THOMAS BUXTON

3. (b) Social Security Number

None

4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... S

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... September 8, 1859

8. AGE: Years..... 88 Months..... 4 Days..... 5 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... Retired Machinist

11. Industry or business.....

12. Name..... Samuel Buxton

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Ruth Mussetter

15. Birthplace..... Frederick County Maryland

16. Informant..... Miss Sophie Reich

Address..... 106 W. 3rd St., Frederick, Md.

17. Burial..... 1/16/48
(Burial, cremation, or removal, which?) Date thereof..... (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 15 Jan 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 13th 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 13th 1947 to January 13th 1948
and that I last saw him alive on January 13th, 1948

Immediate cause of death.....

Cerebral hemorrhage

DURATION

48 hrs.

Due to..... Cardiovascular renal disease

20 yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... C. H. Conley M. D.

Address..... Frederick, Maryland Date signed..... 1/14/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

A SHORT RECORD OF THE DEATH OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH

DEATH OF

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

RECEIVED

JAN 16 1948

STREET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00468

131a

10

Reg. Dist. No.

138

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Cora Lee Campbell Carper

3. (b) Social Security Number

None

4. Sex..... 5. Color or race..... 6.(c) Single, married, widowed, or divorced.....

Female White Widowed

6.(b) Name of husband or wife..... 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....

October 29 1861

8. AGE: Years..... Months..... Days..... It less than one day..... hrs. min.

86 2 29

9. Birthplace.....

Bedford County, Va.
(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

12. Name.....

James W. Campbell

13. Birthplace.....

Bedford County, Va.

14. Maiden name.....

Catherine Elizabeth Ballard

15. Birthplace.....

Appomattox, Va.

16. Informant.....

Mrs. L. H. Crickenberger

Address.....

7th New Market, Md.

17. Burial..... Date thereof.....

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....

Sherwood Burial Park

Location.....

Salem, Va.

18. Funeral director.....

C. E. Cline & Son

Address.....

Frederick, Md.

19. 27 Jan 1948.....

(Date Reg'd by registrar)

Lusien K. Falconer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1-27-1948, at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15, 1948, to January 27, 1948, and that I last saw him alive on January 26, 1948.

Immediate cause of death.....

Chronic Intestinal Meckel's Diverticulum

Due to.....

Due to.....

Other conditions.....

Uraemia

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Emmet P. Roop

M. D. or other

Address.....

New Market, Md.

Date signed 1-27-48

RECEIVED

FEB 6 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00469
131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
How long in hospital or institution? 3 days

3. (a) FULL NAME

Baby Boy Castle L. James Richard
L. James Richard

3. (b) Social Security Number

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 7, 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

3

hrs.

min.

9. Birthplace

Frederick, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Clark 3 Castle

13. Birthplace

Myersville, Md.

MOTHER

14. Maiden name

Cornelia Harbaugh

15. Birthplace

New Market, Md.

16. Informant

Clark Castle

Address

Frederick, Md.

17. Burial

Burial
(Burial, cremation, or other, which?)

Date thereof Jan. 12, 1948
(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.

19. 10 Jan

19 48

(Date reg'd by registrar)

Elizabeth G. Hark

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 803 East Potomac St.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 7, 1948 to January 10, 1948

and that I last saw him alive on January 9, 1948

Immediate cause of death

Asphyxiation

DURATION

Due to This baby was the 2nd of a multiple birth. It weighed

Due to but 3 lb. 6 oz. at birth.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Robert W. L. M. O.

23. SIGNATURE Frederick, Md.

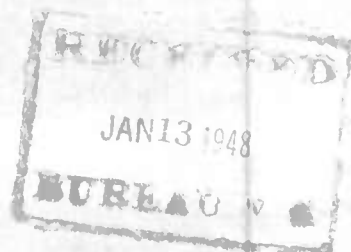
M. D. or other

Address Frederick, Md. Date signed 1-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Sherman Clark

3. (b) Social Security Number

214-14-6408

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sallie Clark
 6. (c) If alive, give age 67 years
 7. Birth date of deceased (mo., day, yr.) Sept. 11, 1875
 8. AGE: Year 72 Month 3 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville Frederick County Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Calvin Clark
 13. Birthplace Myersville, Md.
 14. Maiden name Elizabeth Linebaugh
 15. Birthplace Myersville, Md.

16. Informant Sallie Clark

Address Myersville, Md.

17. Burial Date thereof 1-9-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grosstickle Cemetery

Location Myersville, Md. (Rural)

18. Funeral director Gladdhill Co.

Address Middletown, Md.

19. Jan 7 19 48 Dr. B. B. Bitts
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 19 48 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 19 48 to Jan 6 19 48 and that I last saw him alive on Jan 5 19 48

Immediate cause of death _____

Due to _____

Due to Cerebral Hemorrhage 3 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Hays M. D. or other _____

Address Middletown Date signed 1-7-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1947 9 10 1948 1 12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
126 West South Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 126 West South Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

JOHN R. CRAWFORD

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mary R. O'Brien
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 20, 1853

8. AGE: Years 94 Months 3 Days 15 If less than one day hrs. min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer & Stone Mason

11. Industry or business

FATHER 12. Name Burton Crawford

13. Birthplace Frederick County, Maryland

MOTHER 14. Maiden name Sarah Crummitt

15. Birthplace Frederick County, Maryland

16. Informant Mr. J. T. Crawford

Address 805 Silver Spring Ave., Silver Spring, Md.

17. Burial Burial Date thereof January 6, 1948
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 5 Jan 1948 Elizabeth G. Heek
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1948 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1947, to Jan 4 1948
and that I last saw him alive on Jan 4 1948

Immediate cause of death acute dilatation heart DURATION 2 days

Due to chronic myocarditis 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M. D. or other
Address Frederick, Md. Date signed 1-5-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 6 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)BartonsvilleStreet No. _____
(If rural, give LOCATION)None

2.(a) If veteran, name war _____

3. (a) FULL NAME

WILLIAM SHERWOOD DAVIS, JR.

3. (b) Social Security Number

None

4. Sex

Male Colored

5. Color or race

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

00010 hrs.

min.

9. Birthplace

Emergency Hosp. Fred. Md.
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

Sherwood Davis

MOTHER

13. Birthplace

Bartonsville, Md.

14. Maiden name

Geraldine Peck

15. Birthplace

New Market, Md.

16. Informant

Emergency Hosp Records

Address

Frederick, Md.

17. Burial

1/30/48

(Burial, cremation, or removal, which?)

Bartonsville Cemetery

Cemetery or crematory

R. F. D. #1, Frederick, Md.

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

30 Jan 1948

19. (Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1948 at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29, 1948 to Jan. 20, 1948and that I last saw him alive on Jan. 30, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

10 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas

M. D.

M. D. or other

Address Frederick, MarylandDate signed 1-30-48

RECEIVED

FEB 2 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00473
131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

RUSSELL EUGENE DEGRANGE

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	8.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 26, 1948

6.(c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>2</u> hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name John DeGrange13. Birthplace Frederick County Maryland14. Maiden name Nellie Burrier15. Birthplace Frederick County Maryland16. Informant John DeGrangeAddress R. F. D. #2, Frederick, Md.17. Burial Date thereof 1/29/48
(Burial, cremation, or other) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 Jan 18 48 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 19 48 at 8:04A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 26 19 48 to Jan 28 19 48
and that I last saw him alive on Jan 26 19 48

Immediate cause of death

DURATION

atelectasisDue to Embryonal Malformation

Due to

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Lawrence Tabony M. D.Address Frederick, Maryland 1-29-48

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since January 5, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town... Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)Street No.
 (If rural, give LOCATION)2(a) If veteran, name war... None

3. (a) FULL NAME

THOMAS FRANCIS DEGRANGE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced
M

6. (b) Name of husband or wife Erma Heffner6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) November 11, 1877

8. AGE: Years 70 Months 2 Days 6 If less than one day
 hrs. min.

9. Birthplace Nr. Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name William F. DeGrange13. Birthplace Frederick County Maryland14. Maiden name Ellen Wiles15. Birthplace Frederick County Maryland16. Informant Mrs. Erma DeGrangeAddress Lime Kiln, Maryland17. Burial 1/20/48

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Lutheran CemeteryMiddletown, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 Jan 19 48 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 19 48 at 17:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 19 48 to Jan 17 19 48and that I last saw him alive on Jan 17 19 48Immediate cause of death Pulmonary Embolism

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations Gaugreous & B.Date of op. Jan 5

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

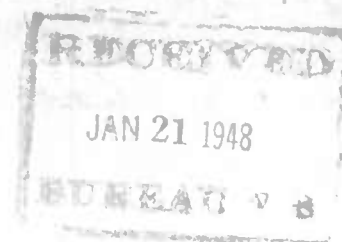
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE EP Thomas M. D.Address Frederick, Md. Date signed Jan 17 - 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00475

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yearsHospital, institution, or street address where death occurred:
Sunnyside

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Sunnyside
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

ELLA IRENE DIGGS

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Joseph W. Diggs7. Birth date of deceased (mo., day, yr.) October 22, 1881
6. (c) If alive, give age 67 years

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>24</u>hrs.min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Alfred Weedon
13. Birthplace Frederick County Maryland14. Maiden name Pricilla Harper
15. Birthplace Frederick County Maryland18. Informant Joseph W. Diggs
Address R. F. D. #4, Frederick, Md.17. Burial 1/20/48
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)Cemetery or crematorium Sunnyside Cemetery
Location R. F. D. #4, Frederick, Md.18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 19 Jan 1948 Elizabeth G. Heck
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1948 at 10.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on Jan. 16 1948Immediate cause of death cerebral hemorrhage
hypertensionDue to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

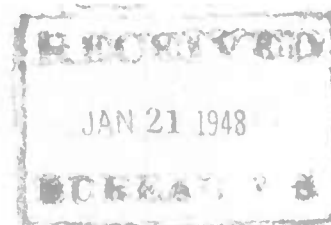
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bare Deputy MedAddress Frederick, Md. Date signed 1.16.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00476

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

241 East Second Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 241 East Second Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MARY FRANCES DUTROW

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced M

6. (b) Name of husband or wife I. Myurtlin Dutrow

7. Birth date of deceased (mo., day, yr.) September 22, 1877
 8. (c) If alive, give age 70 years

8. AGE: Years 70 Months 3 Days 11 If less than one day
 hrs. min.

9. Birthplace Adamstown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas L. Thomas
 13. Birthplace Frederick County Maryland

14. Maiden name Kathryn Thomas
 15. Birthplace Frederick County Maryland

16. Informant I. Myurtlin Dutrow
 Address 241 E. 2nd St., Frederick, Md.

17. Burial Date thereof 1/6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 5-Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd, 1948 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 31 1947 to Jan 3 1948
 and that I last saw him alive on Jan 3 1948

Immediate cause of death

Cerebral hemorrhage 4 days

DURATION

Due to Arterio Sclerosis5 yrs +

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. Thomas M. D.
Frederick, Maryland D. or other

Address Frederick, Maryland Date signed 1-5-48

RECEIVED

JAN 6 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00477

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 12/16/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 12/16/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
City or town Berwyn
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4813 Erie St.
(If rural, give LOCATION)
2. (a) If veteran, name war ☒

3. (a) FULL NAME

Chester B. Farnham

3. (b) Social Security Number

577-32-4495

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Charlotte Farnham</u>		
7. Birth date of deceased (mo., day, yr.) <u>April 19, 1905</u>		
8. AGE: Years <u>42</u>	Months <u>8</u>	Days <u>19</u> It less than one day hrs. min.
6. (c) If alive, give age <u>42</u> years		

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 19 48 at 6:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 19 47 to January 7 19 48
and that I last saw him alive on January 7 19 48

Immediate cause of death
Pulmonary Tuberculosis

DURATION

1 Yr.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....

R. G. Balen

M. D. R. G. Balen

Address State Sanatorium, Md. Date signed 1/7/48

9. Birthplace Cheverly, Maryland
(Town, county, and state)
10. Usual occupation Reporter
11. Industry or business
FATHER 12. Name Albert F. Farnham
13. Birthplace Herndon, Virginia
MOTHER 14. Maiden name Daisy Wilfong
15. Birthplace Lancaster, Pa.
16. Informant Mrs. Charlotte Farnham (wife)
Address 4813 Erie St., Berwyn, Md.
17. Burial Date thereof Jan. 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Washington, D.C.
18. Funeral director F. Gasch's Sons
Address Washington, D.C.
19. January 7 19 48
(Date rec'd by registrar) Registrar [Signature]

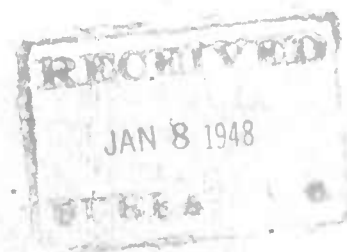
MARGIN RESERVED FOR BINDING

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

WALTER MILLER FEDERLINE

3. (b) Social Security Number

217-10-0724

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Emma E. Rothenhoefer

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) October 2, 1892

8. AGE: Years 55 Months 3 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Laurel, St. Georges Co., Maryland
(Town, county, and state)

10. Usual occupation Molder

11. Industry or business

12. Name Charles E. Federline

13. Birthplace Laurel, Maryland

14. Maiden name Mary E. Bryant

15. Birthplace Virginia

16. Informant Mrs. Walter M. Federline

Address Lewistown, Maryland

17. Burial Date thereof January 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 12 Jan 19 48 Blanche S. Eyles
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Walter Miller Federline 19 48, at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-7- 19 48, to 1-9- 19 48

and that I last saw him alive on 1-7- 19 48

Immediate cause of death _____ DURATION

Cardiac valvular disease 2 yrs
Also Hepatitis 3 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

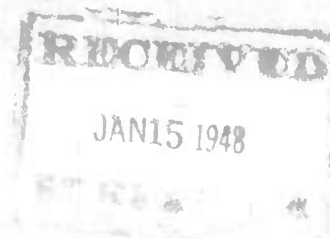
23. SIGNATURE U. J. Bourne Sr M. D. or other

Address Frederick, Md Date signed 11-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-5M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

00479

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

District of Columbia
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4823 Park Ave., Wesley Height
 (If rural, give LOCATION)
 2.(a) If veteran, name war None ✓

3. (a) FULL NAME

T. LESTER FULMER

3. (b) Social Security Number

577-10-5075

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced
M
 6.(b) Name of husband or wife Mary Angleberger
 6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) November 28, 1885
 8. AGE: Years 62 Months 1 Days 17 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name William H. Fulmer
 13. Birthplace Frederick County Maryland
 14. Maiden name Virginia Hargett
 15. Birthplace Frederick County Maryland

18. Informant Russell E. Fulmer
 Address 330 Madison St., Frederick, Md.

17. Burial Date thereof 1/17/48
 (Burial, cremation, or removal of remains) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 16 Jan 1948 Elizabeth G. Heek
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

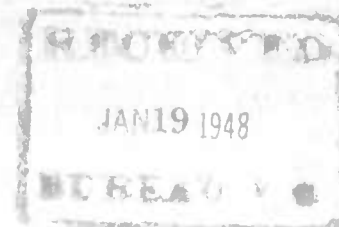
20. DATE OF DEATH January 15, 1948 at 2:10 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1947 to Jan 15 1948
 and that I last saw him alive on Jan 15 1948
 Immediate cause of death Cerebral Hemorrhage
Hypertensive Heart Disease
 DURATION 3 Week
 Due to ...
 Due to ...
 Other conditions ...
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ... Date of ...
 Where did injury occur? ... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ...
 Means of injury ... Injured at work? ...

23. SIGNATURE M. D.
Frederick, Maryland M.D. or other
 Address ... Date signed 1-16-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00480 134

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 86 years
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Basil C. Gilson

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Sara Weiner Hays Gilson
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 2, 1861
 8. AGE: Years 86 Months 9 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County, Md.
 (Town, county, and state)

10. Usual occupation Bookkeeper retired

11. Industry or business

12. Name William Gilson

13. Birthplace Frederick Co. Maryland

14. Maiden name Sally Crabster

15. Birthplace Frederick Co. Maryland

16. Informant James Hays

Address Emmitsburg, Maryland

17. Burial Date thereof Jan. 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Emmitsburg, Maryland

18. Funeral director S. L. Allison

Address Emmitsburg, Maryland

19. Jan 3 = 19 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 _____ to Jan 1 19 48
 and that I last saw him alive on Dec 31 19 47

Immediate cause of death Myocardial Degeneration several yrs
 Due to Arteriosclerotic
cardiovascular disease
several years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. R. Cadle MD M. D. or other

Address Emmitsburg, Md Date signed 1-2-48

RECEIVED

JAN 6 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

004841
Reg. Diat. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 21 East Sixth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ALICE ADORA GLESSNER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) ~~Single~~ married, widowed, or divorced W

6. (b) Name of husband or ~~wife~~ Thomas H. Glessner

7. Birth date of deceased (mo., day, yr.) September 4, 1865 8. (c) If alive, give age 82 years

8. AGE: Years 82 Months 4 Days 6 If less than one day
..... hrs. min.

9. Birthplace Walkersville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Presley J. Barrick
13. Birthplace Frederick County Maryland

14. Maiden name Margaret Lease
15. Birthplace Frederick County Maryland

16. Informant Mrs. Mathias B. Miller, Sr.
Address 127 W. 4th St., Frederick, Md.

17. Burial Date thereof 1/12/48
(Burial, cremation, or ~~other~~ other. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery
Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 12 Jan 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 9 1947 to Jan 9 1948
and that I last saw him alive on Jan 9 1948

Immediate cause of death

Chronic myocarditis

DURATION

2 y 2 m

Due to

Due to

Other conditions Bladder tumor -
(urinary)

probably malignant (no cytology was made) [L/M/checked]
Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Kline M. D.
Frederick, Maryland

Address Frederick, Maryland Date signed 1-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 8/15/47
Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/15/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 227 Scott St.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war _____

3. (a) FULL NAME

Geraldine Goff

3. (b) Social Security Number

4. Sex Female 5. Color or race White B.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife xxx Jasper Goff
6.(c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) January 12, 1929
8. AGE: Years 18 Months 11 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Elkins, W. Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Clarence Greene
13. Birthplace Elkins, W. Va.
14. Maiden name Sylvia Helmick
15. Birthplace Elkins, W. Va.
16. Informant Deceased

Address Removal
17. (Burial, cremation, or removal. Which?) Date thereof _____ (month) (day) (year)
Cemetery or crematory Elkins, W. Va.
Location _____
18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland
19. Jan. 12 19 48
(Date rec'd by registrar) Registrar J. H. Ryan

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 19 48 at 5:35 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 19 47 to Jan. 11 19 48
and that I last saw her alive on January 11 19 48

Immediate cause of death Miliary Tuberculosis DURATION 8 Mos.

Due to _____
Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE R. L. Baer M. D. 1/12/48
Address State Sanatorium, Md. Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 233 Dill Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MRS. JANE E. GRIFFIN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced
Widowed
6.(b) Name of husband or wife William H. Griffin
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 21, 1864
8. AGE: Years 84 Months 5 Days 5 If less than one day hrs. min.

9. Birthplace Carrollton Manor, Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Charles Edward Thomas
13. Birthplace Frederick County, Md.
MOTHER 14. Maiden name Eliza Dutrow
15. Birthplace Frederick County, Md.

16. Informant Mr. David O. Griffin
Address Frederick, Maryland

17. Burial Date thereof January 28, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 26 Jan 19 48 Elizabeth G. Hecker
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26th 19 48 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 19 48 to Jan 26 19 48
and that I last saw him alive on Jan 25 19 48

Immediate cause of death Shock DURATION 3 days

Due to Fracture of femur 3 days
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Jan 24, 1948
Where did injury occur? Westminster (City or town) Ind. (County) Ind. (State)

Injured at home, farm, industry, public place (where?) Home
Means of injury Fall in house while attempting to get out of chair Injured at work? Leg fractured

23. SIGNATURE B. O. Thomas M. D. or other
Address Frederick, Md. Date signed 1/26/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 28 1948

SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Braddock Heights
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

CORTNEY AMERICUS GROSS

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Robert L. Gross</u>		
7. Birth date of deceased (mo., day, yr.) <u>March 23, 1916</u>		
8. AGE: Years Months Days If less than one day		
<u>31</u>	<u>9</u>	<u>8</u>
..... hrs. min.		

6. (c) If alive, give age 32 years

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William A. Sier
 13. Birthplace Frederick County Maryland
 14. Maiden name Mary Castle
 15. Birthplace Frederick County Maryland

16. Informant Robert L. Gross
 Address Braddock Heights, Maryland

17. Burial Date thereof 1/4/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 2 Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1948 at 2:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 31 1947 to Jan. 1 1948
 and that I last saw him alive on Jan. 1 1948

Immediate cause of death

Hemorrhage; post-partum DURATION 15 minutesDue to Endometritis 3 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas M.D.
Frederick, Md. M. D. or other Jan. 2, 1948
 Address Date signed

RECEIVED

JAN 5 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

00485

139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 11/7/47**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 11/7/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Anne Arundel**
 City or town **Odenton**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Benjamin H. Grove

3. (b) Social Security Number
None

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **November 27, 1907**

8. AGE: Years **40** Months **1** Days **23** If less than one day
 hrs. min.

9. Birthplace **Mechanicville, Maryland**
 (Town, county, and state)

10. Usual occupation **Truck Driver**

11. Industry or business.....

FATHER 12. Name **Benjamin Grove**

13. Birthplace **Pittsburgh, Pennsylvania**

MOTHER 14. Maiden name **Appelonia Davis**

15. Birthplace **St. Mary's, Maryland**

16. Informant **Miss Blanche L. Neary (Friend)**

Address.....

17. **Jan 21 Burial** Date thereof **Jan 21, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **All Faith Cemetery**

Location **Charlotte Hall, Md.**

18. Funeral director **Hunt & Ryon**

Address **Waldorf, Md.**

19. **January 19, 48**

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH **January 19, 48** at **2:40 P M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 7, 47 to **January 19, 48**
 and that I last saw him alive on **January 19, 48**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **7 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. G. Baccin** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **1/19/48**

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED

JAN 21 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ELMER ELSWORTH GUYTON

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Mamie Maught

7. Birth date of deceased (mo., day, yr.) December 20, 1878 8.(c) If alive, give age 67 years

8. AGE: Years 69 Months 0 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Burkittsville-Frederick-Md.
(Town, county, and state)

10. Usual occupation Distributor for Rawleigh Products

11. Industry or business William L. Guyton

12. Name Frederick County Maryland

13. Birthplace Laura Beachley

14. Maiden name Frederick County Maryland

15. Birthplace Mrs. Mamie M. Guyton
Jefferson, Maryland

16. Informant Burial Date thereof 1/7/48
(Burial, cremation, or other disposal)

17. Cemetery or ~~sementary~~ St. Pauls Lutheran Cemetery
Jefferson, Maryland

18. Funeral director M. R. Etchison and Son
Frederick, Maryland

19. 6 Jan 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1948 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 to Jan 4 1948

and that I last saw him alive on Jan 4 1948

Immediate cause of death

Myocardial Decomposition DURATION 5 Days

Due to Coronary Occlusion 7 Days

Due to Coronary Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. H. Price M. D.

Jefferson, Maryland M. D. or other 1-5-48
Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 7 1948

STEELE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

00487

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Rural- Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Rural- New Design Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Emma V. Hall

3. (b) Social Security Number

None

4. Sex..... Female
 5. Color or race..... White
 6.(a) ~~Single~~ married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Edward E. Hall
 6.(c) If alive, give age..... 68 years
 1. Birth date of deceased (mo., day, yr.)..... March 31-1876
 8. AGE: Years..... 71 Months..... 9 Days..... 20 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Home
 12. Name..... Bradley T. Fout
 13. Birthplace..... Frederick County Maryland
 14. Maiden name..... Mary Kaufman
 15. Birthplace..... Frederick County Maryland

16. Informant..... Edward E. Hall
 Address..... New Design Road- Frederick R.F.D.
 17. Burial..... Jan. 23-48
 (Burial, cremation, or removal, which?)
 Cemetery or crematory..... Mount Olivet Cemetery
 Location..... Frederick, Maryland
 18. Funeral director..... C.E.Cline and Son
 Address..... Frederick, Maryland

19. 22 Jan 1948 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 20- 19 48 at 10:40p M

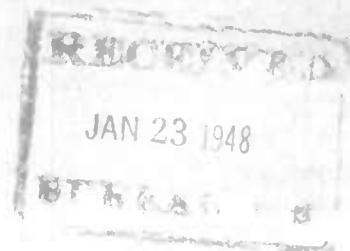
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 October 14th, 19 47, to January 20 19 48
 and that I last saw her alive on January 20th, 19 48

Immediate cause of death.....
 Carcinoma - left breast
 Operated upon October, 1944.
 Due to..... complete.
 General metastasis
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... C. H. Conley
 Address..... Frederick, Maryland Date signed 1/22/48



Address Frank, Mo. Date signed 7/4/48

RECEIVED

JAN 6 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00489

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Keymar Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. #2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Vernon Eugene Heffner Sr.

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) single, married, widowed, or divorced6. (b) Name of husband or wife Stella Zahn Heffner7. Birth date of deceased (mo., day, yr.) Sept 21 - 1885 6. (c) If alive, give age years8. AGE: Years 62 Months 4 Days 3 If less than one day hrs. min.9. Birthplace Frederick County, Md
(Town, county, and state)10. Usual occupation Minister

11. Industry or business

12. Name not known13. Birthplace known14. Maiden name Mary Gorden15. Birthplace Maryland16. Informant Ernest W. Brown Jr.Address Tanentown - Maryland17. Burial Date thereof 1/27/48
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mt Olivet CemeteryLocation Frederick, Md18. Funeral director Dr Hartshorn & sonsAddress Union Bridge & New Windsor, Md19. Long 25 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 48 at 10 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 19 48 to Jan 24 19 48and that I last saw him alive on Jan 24 19 48Immediate cause of death Gunshot wound DURATIONDue to abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Repetated infections Date of op. Jan 12 - 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Jan 12 - 1948Where did injury occur? Frederick Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury 22 Rifle Injured at work? no23. SIGNATURE EP Shouse M. D. or otherAddress Frederick Md Date signed Jan 24 - 48

RECEIVED

JAN 28 1948

SUNSAT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Lifetime Hospital, institution, or street address where death occurred: Home for the Aged How long in hospital or institution?..... 20 years		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) Street No..... 115 Record Street (If rural, give LOCATION) 2.(a) if veteran, name war..... None	
--	--	---	--

3. (a) FULL NAME Mrs. Roberta Dean Hendrickson	3. (b) Social Security Number None
--	--

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife..... Charles B.T. Hendrickson		
7. Birth date of deceased (mo., day, yr.)..... December 10-1871		
8. AGE: Years 76	Months 1	Days 0
6. (c) If alive, give age..... years		

9. Birthplace..... Frederick County Maryland (Town, county, and state)
10. Usual occupation..... Housekeeper
11. Industry or business
FATHER
12. Name..... George William Dean
13. Birthplace..... Frederick County Maryland
MOTHER
14. Maiden name..... Laura Virginia Conso
15. Birthplace..... Frederick County Maryland

16. Informant..... Records Home for the Aged
Address..... 115 Record St. Frederick, Md.
17. Burial..... Date thereof..... Jan. 13-1948 (Burial, cremation, or removal. When?) (month) (day) (year)
Cemetery or crematorium..... Mount Olivet Cemetery
Location..... Frederick, Maryland
18. Funeral director..... C.E. Cline and Son
Address..... Frederick, Maryland
19. 12 Jan 1948 Elizabeth G. Hersh Registrar (Date received by registrar)

MEDICAL CERTIFICATION 20. DATE OF DEATH..... January 10th 1948 at 4 P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased <u>65</u> for years..... 19..... to..... 19..... and that I last saw her alive on January 10th, 1948. Immediate cause of death..... Chronic myocarditis Due to..... Marked arthritic deformans involving entire bony structure over period of twenty years. Other conditions..... (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work? 23. SIGNATURE..... C. H. Conley M. D. <u>XXXX</u> Address..... Frederick, Maryland Date signed..... 1/12/48		DURATION Over several yrs
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00491
131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since January 6, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)

Street No. Hope Hill

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

BARBARA ELAINE HOLLAND

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 2, 1947

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>5</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name Alonzo Thomas
13. Birthplace Frederick County Maryland

14. Maiden name Catherine Holland
15. Birthplace Frederick County Maryland

16. Informant Catherine Holland

Address R. F. D. #2, Frederick, Maryland

17. Burial Date thereof 1/9/48
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Hope Hill Cemetery
Location Near Urbana, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 8 Jan 1948 Elizabeth G. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 7th 1948 at 7:53P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 7 1948 to Jan 7 1948
and that I last saw him alive on Jan 7 1948

Immediate cause of death

Bronchial Pneumonia

Due to

Due to

Other conditions

No. Ref. under

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

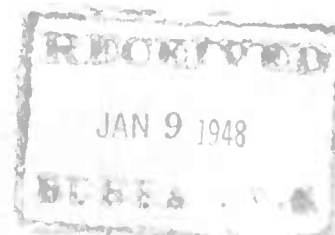
23. SIGNATURE Elizabeth G. Heck M. D.

Address Frederick, Maryland Date signed 1-8-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 00492
131
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Walkersville-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since January 23, 1948

Hospital, institution, or street address where death occurred:

Near Mount Pleasant

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania CountyCity or town Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM HUGH JACKSON

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Geraldine Beaner6. (c) If alive, give age 40 years

7. Birth date of

deceased (mo., day, yr.)

December 26, 1903

8. AGE:

Yeare

Months

Days

If less than one day

4413

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Riveter

11. Industry or business

Sun Ship Building Drydock

FATHER

12. Name

Robert A. Jackson

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Mary Elizabeth Costley

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Mary E. Jackson

Address

R. F. D. #1, Walkersville, Md.

17.

Burial

(Burial, cremation, or removal, which?)

Date thereof

2/3/48

(month) (day) (year)

Cemetery or crematory

Wayman's Cemetery

Location

R. F. D. #1, Frederick, Md.

16. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

2 Feb
(Date rec'd by registrar)

19.

48Elizabeth L. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1948, at 8:15 A
M

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from

Jan. 26 1948 to Jan. 29 1948
and that I last saw him alive on Jan 26 1948

Immediate cause of death

DURATION

Chronic Myocarditis
with Atrial Fibrillation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Frederick, Maryland

M. D. or other

Date signed 1-29-48

RECEIVED

FEB 4 1948

PT & EA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 00493
 131
 Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
3 West Seventh Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3 West Seventh Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CHRIS BYRON JACOBS

3. (b) Social Security Number

214-10-4235

4. Sex M 5. Color or race W 6. (a) Single, married, ~~widowed~~, or divorced M
 6. (b) Name of husband or wife Goldye Mayne
 7. Birth date of deceased (mo., day, yr.) July 12, 1887 6. (c) If alive, give age 54 years
 8. AGE: Years 60 Months 6 Days 15 If less than one day
hrs. min.

9. Birthplace Byron, Ill.
 (Town, county, and state)
 10. Usual occupation Automobile Mechanic
 11. Industry or business

12. Name Christian Jacobs
 13. Birthplace Germany
 14. Maiden name Bessie Schroeder
 15. Birthplace Germany

16. Informant Mrs. Goldye Jacobs
 Address 3 W. 7th St., Frederick, Md.

17. Burial East New Market Cemetery
 (Burial, cremation, or removal, whichever) Date thereof 1/30/48
 (month) (day) (year)
 Cemetery or crematory East New Market, Maryland
 Location

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 28 Jan 1948 Elizabeth Y. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1948 at 6:00 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 to Jan 27, 1948
 and that I last saw him alive on Jan 27, 1948

Immediate cause of death Benign prostatic hyperplasia with metastases
 DURATION 1 year

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D.
Frederick Md M. D. or other
 Address Date signed 1-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>Frederick Memorial Hospital</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Carroll</u> City or town..... <u>Mt. Airy, Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) <input checked="" type="checkbox"/> 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>William T. Jones</u>				3. (b) Social Security Number <u>220-10-5768</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Lydia M. Jones</u>				6. (c) If alive, give age <u>52</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Feb'y 4, 1880</u>				8. AGE: Years <u>67</u> Months <u>10</u> Days <u>29</u> If less than one day hrs. min.			
9. Birthplace <u>Frederick Co. Maryland</u> (Town, county, and state)				10. Usual occupation <u>Laborer</u>			
11. Industry or business				12. Name <u>Hiram B. Jones</u>			
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Mary E. Esterline</u>			
15. Birthplace <u>Maryland</u>				16. Informant <u>Mrs Lydia M. Jones</u> Address <u>Mt. Airy Md</u>			
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>1-6-48</u> (month) (day) (year) Cemetery or crematory <u>Locust Grove</u> Location <u>Frederick Co. Maryland</u>				18. Funeral director <u>G. M. Wright</u> Address <u>Wingfield, Md</u>			
19. (Date rec'd by registrar) <u>Jan 5 48</u>				20. DATE OF DEATH <u>January 3, 1948</u> 19..... at <u>3:50 P.</u> M.			
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from <u>January 2, 1948</u> 19..... to <u>January 3, 1948</u> 19..... and that I last saw him alive on <u>January 2, 1948</u> 19.....				Immediate cause of death <u>Coronary Thrombosis</u> <u>and Pulmonary Infarct (left)</u>			
Due to				DURATION <u>2 da</u> <u>2 da</u>			
Due to				Other conditions			
(Include pregnancy within 3 months of death)				Major findings of operations <u>none</u>			
Autopsy results <u>none</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				23. SIGNATURE <u>J. Stanley Grubill</u> M. D. or other Address <u>Mt. Airy, Md.</u> Date signed <u>1/4/48</u>			

00494

RECEIVED

JAN 7 1948

STREET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00495

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Ijamsville-Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Hyattstown

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

JAMES O. MANION

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Annie E. Carlisle7. Birth date of deceased (mo., day, yr.) February 12, 18688. (c) If alive, give age 74 years8. AGE: Years 79 Months 11 Days 8 If less than one day
.....hrs.min.9. Birthplace New York-New York
(Town, county, and state)10. Usual occupation Plaster

11. Industry or business

12. Name Kerman Manion13. Birthplace Ireland14. Maiden name Mary R. Riley15. Birthplace Frederick County Maryland16. Informant W. V. ManionAddress Hyattstown, Maryland17. Burial Date thereof 1-23-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Catholic CemeteryLocation Urbana-Frederick, Md. R. D. #218. Funeral director W. L. BurdetteAddress Hyattstown, Maryland19. 22 Jan 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1948 at 6:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 12 1948 to Jan. 20 1948and that I last saw him alive on Jan. 20 1948

Immediate cause of death

Cerebral hemorrhages

DURATION

14 days

Due to

Due to

Other conditions Arterio-sclerotic cordis - 2 yearsvascular disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.Frederick Md. M. D. or otherAddress Jan. 22, 1948 Date signed

RECEIVED

JAN 23 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/19/47
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/19/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County...
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 415 Falcroft St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war...

3. (a) FULL NAME

John Markiewicz

3. (b) Social Security Number

705-05-2135

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) April 24, 1882
 6. (c) If alive, give age... years
 8. AGE: Years 65 Months 8 Days 21 If less than one day hrs. min.

9. Birthplace... Poland
 (Town, county, and state)

10. Usual occupation... Boiler maker

11. Industry or business

12. Name... Peter Markiewicz

13. Birthplace... Poland

14. Maiden name... Mary Bieganeck

15. Birthplace... Poland

16. Informant... Deceased

Address

17. Burial Date thereof Jan. 19, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... St. Stanislaus

Location... Dundalk Ave. Balto. Trd.

18. Funeral director... John J. Duda

Address... Baltimore, Maryland

19. January 15, 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 14, 1948, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19, 1947, to Jan. 14, 1948, and that I last saw him alive on January 14, 1948.

Immediate cause of death... Chronic Myocarditis DURATION 1 Yr.

Due to...

Due to...

Other conditions... Pulmonary Tuberculosis 7 Yrs.

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

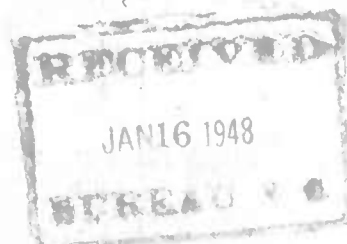
Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE... R. G. Baccin M. D. or other

Address... State Sanatorium, Md. Date signed 1/15/48

2015 2008



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00497

138

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date read by registrar)

1948

Lucian K. Folsom

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

2-8-1915

RECORDED
FEB 6 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

None

2.(a) If veteran, name war _____

3. (a) FULL NAME

REV. CARL MUMFORD

3. (b) Social Security Number

None4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Maude Beard

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 12, 18778. AGE: Years 70 Months 2 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Middletown-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired Minister

11. Industry or business _____

12. Name John W. Mumford13. Birthplace Frederick County Maryland14. Maiden name Susan Cochran15. Birthplace Frederick County Maryland16. Informant Rev. Karl L. MumfordAddress Glenn Rock, Pennsylvania17. Burial Date thereof 1/31/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. Jan. 30 19 48 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 28, 19 48, at 8:30 A.M.2E. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 19 47 to Jan. 28 19 48and that I last saw him alive on Jan. 25 19 48Immediate cause of death Heart disease - coronary type with chronic myocarditisDURATION 2 yrs

Due to _____

Due to _____

Due to _____

Other conditions Post. forebrain general infarction(Include pregnancy within 3 months of death) 14 yr

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Blanche S. Eyles M.D.Address Thurmont, Md. Date signed 3/48

RECEIVED

JAN 31 1948

FEB 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredenick
City or town Fredenick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 year
Hospital, institution, or street address where death occurred:
119 Resard St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Fredenick
City or town Fredenick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 119 Resard St
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Nellie Percy Blake Page

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
B.(b) Name of husband or wife Dudley Page
(dead) 6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Feb. 2, 1863
8. AGE: Years 84 Months 11 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Fredenick, Fredenick, Md
(Town, county, and state)

10. Usual occupation None wife

11. Industry or business

12. Name William Blake

13. Birthplace Fredenick Co., Md

14. Maiden name Rebecca Ellen Percy

15. Birthplace Cumberland, Md

16. Informant Dudley M. Page

Address Braddock, Md

17. Burial Date thereof Jan 6/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Fredenick, Md

18. Funeral director Hans P. Cant Co

Address Fredenick Md.

19. 5 Jan 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 19 48 at 9:16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17th 19 47 to Jan 3d 19 48

and that I last saw him alive on Jan 3d 19 48

Immediate cause of death Myocarditis

Due to Myocarditis

Due to Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hegdr

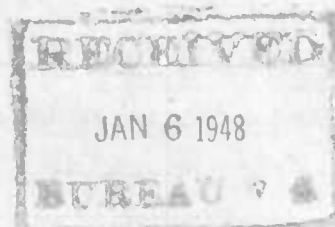
Address Fredenick

Date signed Jan 6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00500

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby Martha Jane Palmer

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

c

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 14, 1947

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

727

hrs.

min.

9. Birthplace

Middletown, Frederick County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Lee C. Palmer

13. Birthplace

Middletown, Md.

MOTHER

14. Maiden name

Daisy R. Holmes

15. Birthplace

Keedysville, Md.

16. Informant

Lee C. Palmer

Address

Middletown, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

1-11-48
(month) (day) (year)

Cemetery or crematory

Wetherham Cemetery

Location

Middletown, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.

19. 10 Jan

(Date rec'd by registrar)

19 48Elizabeth G. Hoch
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 9 19 48 at 10 1 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 8 19 48 to Jan 9 19 48and that I last saw him alive on Jan 9 19 48

Immediate cause of death

hemorrhage

DURATION

1 day

Due to

Influenza (?)2 days

Other conditions

Broncho-Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

—

Date of op.

Autopsy results

—

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Guss, M.D.
Address Frederick, Md. Date signed 1/9/48



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

00501

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES E. S. POFFINBERGER

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Cora Virginia Himes

7. Birth date of deceased (mo., day, yr.) August 9, 1869 6. (c) If alive, give age _____ years

8. AGE: Years 78 Months 5 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Otho J. Poffinberger

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Edna Ann House

15. Birthplace Frederick County Maryland

16. Informant Miss Edna Poffinberger

Address Jefferson, Maryland

17. Burial Burial Date thereof 1/14/48
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory St. Pauls Lutheran Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Jan 1948 Elizabeth G. Heck
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1947 to Jan 11 1948

and that I last saw him alive on Jan 11 1948

Immediate cause of death Heart Failure DURATION 10 days

East St. Pauls Lutheran Tract

Due to Jam dic 42/5

Due to Coronary Arteries 4/10

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE A. H. Bruce M. D.

Address Jefferson, Maryland M. D. or other 1-14-48

Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 16 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00502

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/19/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/19/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1116 W. Pratt St.
(If rural, give LOCATION)
2.(a) If veteran, name war World War I

3. (a) FULL NAME

James J. Reamy

3. (b) Social Security Number

218-12-3116

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated
6.(b) Name of ~~husband~~ wife Eva R. Reamy
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) January 9, 1895
8. AGE: Years 53 Months 0 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Warsaw, Virginia
(Town, county, and state)
10. Usual occupation Kitchen Helper
11. Industry or business _____
12. Name William Reamy
13. Birthplace Warsaw, Virginia
14. Maiden name Annie Minor
15. Birthplace Warsaw, Virginia
16. Informant Deceased

Address _____
17. Burial Date thereof 1/28/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemeter National
Location Baltimore, Maryland
18. Funeral director Wm. Cook
Address Baltimore, Maryland
19. Jan. 24 19 48
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 19 48 at 12:10P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 19 48 Jan. 24 19 48
and that I last saw him alive on January 24 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 1 Yr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Baccin M. D. xxxx

Address State Sanatorium, Md. Date signed 1/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 27 1948
SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 948
 00503
 Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)

State Maryland County FrederickCity or town Libertytown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ellen Nora Riordan

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

B. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870-3-18

8. AGE:

Years

Months

Days

If less than one day

77923

.....hrs.

min.

9. Birthplace

Libertytown Ind. Md.
(Town, county, and state)

10. Usual occupation

Seamstress, Nurse

11. Industry or business

FATHER

12. Name

Cornelius H. Riordan

13. Birthplace

Ireland

MOTHER

14. Maiden name

Bridget O'Connell

15. Birthplace

Ireland

16. Informant

Charles P. Riordan

Address

Libertytown, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 5 1948
(month) (day) (year)

Cemetery or crematory

St. Peter's

Location

Libertytown Md.

18. Funeral director

Bowles & Hartyler

Address

2 Woodboro, Md.

19.

(Date rec'd by registrar)

Jan 5 48Geo. S. Giffman
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1948 at 10-57 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 1946, to Jan. 1 1948and that I last saw her alive on Jan. 1 1948

Immediate cause of death

Auricular Pectoris

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. H. Beall, M.D.

M. D. or other

Address Libertytown Date signed 1/2/48

CERTIFICATE OF DEATH

RECEIVED

JAN 7 1948

RECEIVED

Handwritten signature and date

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

SARAH ALICE ROBERTS

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Woodward A. Roberts
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 2, 1856
 8. AGE: Years 92 Months _____ Days 20 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____

FATHER 12. Name Ephrian Baker
 13. Birthplace Woodsboro, Maryland
 MOTHER 14. Maiden name Julia Baker
 15. Birthplace Woodsboro, Maryland
 16. Informant Mrs. Anna Shelton
 Address R.F.D., Frederick, Md.

17. Burial Date thereof January 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Hope Cemetery
 Location Woodsboro, Maryland
 18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 24 Jan 1948 Elizabeth G. Heek
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22nd 19 48, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Jan 22 1948 and that I last saw him Jan 22 1948 alive on Jan 22 1948

Immediate cause of death Cerebral Paralysis DURATION 48 hrs
 Due to Arterio Sclerosis 10 to 15 yrs
 Due to _____
 Other conditions Senility
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. H. J. Owens Jr. M. D. or other
 Address Frederick, Md. Date signed 1/23/48

RECEIVED

JAN 28 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

85

00505

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

World War II

3. (a) FULL NAME

Earnest J. Rapp

3. (b) Social Security Number

214-10-4540

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

none

7. Birth date of deceased (mo., day, yr.)

Jan. 23, 1906

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

424

hrs.

min.

9. Birthplace

Middletown Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

automobile mechanic

11. Industry or business

FATHER

12. Name

William S. Rapp

13. Birthplace

Middletown Md.

MOTHER

14. Maiden name

Catherine M. Summers

15. Birthplace

Frederick Md.

16. Informant

George Rapp

Address

Middletown Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 29, 1948
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown Md.

18. Funeral director

Sladhill Co.

Address

Middletown Md.

19.

(Date rec'd by registrar)

Jan 29, 1948Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 27, 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....
 and that I last saw him live on Jan 27, 1948

Immediate cause of death

Epilepsy (acute)

DURATION

15 min

Due to

Epilepsy (chronic)2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Barr
W. D. Cr.

M. D. or other

Address

Frederick, Md.Date signed 1.27.48

24-10-10540

1-1-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Buckeystown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Buckeystown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

IDA MAY SAUERS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife John E. Sauers
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 23, 1872
 8. AGE: Years 75 Months 8 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business _____

FATHER 12. Name Nicholas Fontz
 13. Birthplace Baltimore, Maryland
 MOTHER 14. Maiden name Mary Catherine Martindale
 15. Birthplace Baltimore, Maryland

16. Informant Mrs. Robert R. White
Buckeystown, Maryland
 Address _____

17. Burial Date thereof 1/28/48
 (Burial, cremation, or removal: Which?) (month) (day) (year)
 Cemetery or crematory Baltimore National Cemetery
 Location Baltimore, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 26 Jan 19 48 Elizabeth G. Hesch
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 19 48 at 5:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 46 to Jan 26 19 48
 and that I last saw him alive on Jan 23 19 48
 Immediate cause of death Myocardial Infarction -
Vascular Disease

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Cuthbertson
 M. D. or other _____
 Address Frederick, Maryland Date signed 1-26-48

RECORDED

JAN 28 1948

W.K.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d 00507 131
Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 18 East Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Mrs. Roy Schroyer

3. (b) Social Security Number
233-05-4893

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nellie F. Metz

7. Birth date of deceased (mo., day, yr.) April 22/1886 6. (c) If alive, give age 52 years

8. AGE: Years 61 Months 9 Days 15 If less than one day hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Corporation- Truck Driver

11. Industry or business

FATHER 12. Name George Buchanan Schroyer
13. Birthplace Frederick County Md.

MOTHER 14. Maiden name Laura R. Dusing
15. Birthplace Frederick County Md.

18. Informant Mrs. Roy Schroyer
Address 18 East St. Frederick, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 9-1948
(month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Md.
Location C.E. Cline and Son

18. Funeral director C.E. Cline and Son
Address Frederick, Md.

19. 8 Jan 1948 Elizabeth G. Hack Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1948 at 10:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1947 to Jan. 6 1948
and that I last saw him alive on Jan. 6 1948

Immediate cause of death

Coronary Thrombosis DURATION 3 weeks.

Due to

Due to Arteriosclerosis

Other conditions My premature Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

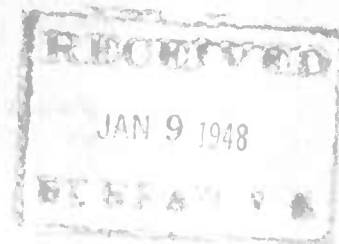
23. SIGNATURE A. A. Garre M.D.
M.D. or other

Address Frederick, Md. Date signed 1/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredensackCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredensackCity or town Graceland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dorlene Elizabeth Shaffer

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 20, 19438. AGE: Years 4 Months 3 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Burrhead-Fredensack Co., Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Shaffer13. Birthplace Burrhead-Md.14. Maiden name Harzel Duncan15. Birthplace Forsville, Md.16. Informant Paul ShafferAddress Graceland, Md.17. Burial Date thereof Jan. 29, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Blue RidgeLocation Burrhead, Md.18. Funeral director M. L. Casper & SonAddress Burrhead, Md.19. Jan. 28 19 48 Blanchet L. Eyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 19 48 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 27 19 48, to Jan. 27 19 48and that I last saw her alive on June 15 19 47

Immediate cause of death _____

Convulsion due to
internal hydrocephalus

DURATION

Due to Sudden

Due to _____

Other conditions Congenital underdevelopment
of brain and nervous system(Include pregnancy within 8 months of death) 4 yrs

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

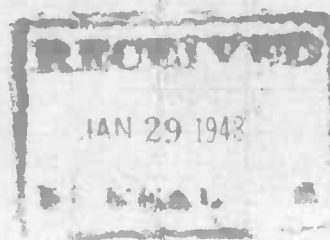
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James K. Gray M.D.Address Burrhead-Md. Date signed 1/31/48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00569

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 8/29/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/29/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Howard
City or town... Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

Hallie A. Shenton

3. (b) Social Security Number

217-01-9298

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Grace C. Shenton

7. Birth date of deceased (mo., day, yr.) July 28, 1904 6.(c) If alive, give age..... years

8. AGE: Years 43 Months 5 Days 10 If less than one day..... hrs. min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

12. Name William R. Shenton

13. Birthplace Dorchester County, Md.

14. Maiden name Effie Dunnoek

15. Birthplace Dorchester County, Md.

16. Informant Deceased

Address

17. Burial Date thereof Jan. 10, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Star of Sea

Location Solomons, Ind.

18. Funeral director M. L. Creager & Son

Address Light Thimont, Maryland

19. Jan. 8 1948
(Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1948 at 9:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 29 1946 to Jan. 7 1948 and that I last saw him alive on January 7 1948.

Immediate cause of death Pulmonary Tuberculosis DURATION 24 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Bacon M. D. [Signature]

Address State Sanatorium, Md. Date signed 1/8/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 9 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

00510

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
33 East Fourth Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 33 East Fourth Street
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

CHARLES FREDERICK SHIPLEY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Catherine E. Lebhertz
 6. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) June 20, 1870
 8. AGE: Years 77 Months 6 Days 25 If less than one day
hrs.min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Member of Bottling Firm
 11. Industry or business Shipley Bottling Works

FATHER
 12. Name William H. Shipley
 13. Birthplace Frederick, Maryland
 MOTHER
 14. Maiden name Mary Kettler
 15. Birthplace Frederick, Maryland

16. Informant Mrs. Catherine Shipley
 Address 33 E. 4th St., Frederick, Md.

17. Burial Date thereof 1/18/48
 (Burial, cremation, or removal, whichever) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 16 Jan 1948
 (Date rec'd by registrar) Registrar Elizabeth G. Hersh

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1948 at 11:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947 to Jan. 15, 1948
 and that I last saw him alive on Jan. 15, 1948

Immediate cause of death Carcinoma Lung
Arterio sclerosis

Due to Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith M. D.

Frederick, Maryland M. D. or other
 Address Date signed 1-16-48

RECEIVED
JAN 19 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

00511

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 12/24/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 12/24/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 60 Madison Ave.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Melvin S. Showe

3. (b) Social Security Number

217-10-2604

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) December 8, 1890
 6. (c) If alive, give age years
 8. AGE: Years 57 Months 0 Days 28 If less than one day hrs. min.

8. Birthplace Fairplay, Maryland
 (Town, county, and state)
 10. Usual occupation Janitor
 11. Industry or business

12. Name Hiram Showe
 13. Birthplace Frederick, Maryland
 14. Maiden name Mandy Wilkinson
 15. Birthplace Frederick County, Maryland

16. Informant Deceased
 Address

17. Burial Date thereof 1/8/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Rose Hill
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Jan. 5 18 48
 (Date rec'd by registrar) Registrar J. B. Ryan

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 19 48 at 1:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 24 19 47 to January 5 19 48
 and that I last saw him alive on January 5 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

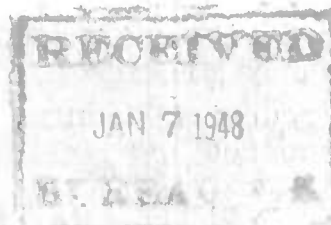
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Bacon M. D. XXXXAddress State Sanatorium, Md. Date signed 1/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution? 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural - Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

LOYD SINNOTT, Gloyd

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 7, 1884
 8. AGE: Years 63 Months 2 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Westminster, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Retired Machinist-

11. Industry or business B. & O. Railroad

12. Name Thomas F. Sinnott
 13. Birthplace Ireland

14. Maiden name Martha Anderson
 15. Birthplace Ellicott City, Md.

16. Informant Mrs. Ella R. Shettle
 Address 910 McKewin Ave., Baltimore, Md.

17. Burial Date thereof January 7, 1948
 (Burial, cremation, or removal, where?) (month) (day) (year)
 Cemetery or crematory Mountain View Cemetery
 Location Blue Ridge Drive, Maryland

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 6 Jan 19 48 Elizabeth S. Heck
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 19 48 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 47 to Jan 4 19 48 and that I last saw him alive on Jan 3 19 48

Immediate cause of death Coronary Thrombosis DURATION 10 min.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard H. H. H. H. M. D. or other

Address Ind 'K' Ind Date signed Jan. 6, 1948

RECEIVED

JAN 7 1948

DEPT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

00513

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Don't Know

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 317 East Church Street

(If rural, give LOCATION)

None2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN STAUNTON

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Don't Know6.(b) Name of husband or wife Unknown7. Birth date of deceased (mo., day, yr.) ? 18806.(c) If alive, give age ? years8. AGE: Years ? 68 Months ? Days ? If less than one day ? hrs. ? min.9. Birthplace Unknown
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown13. Birthplace UnknownMOTHER 14. Maiden name Unknown15. Birthplace Unknown16. Informant Records at MontevueAddress Frederick, Maryland17. Burial (Burial, cremation, or removal, which?) Date thereof January 28, 1948
(month) (day) (year)Cemetery or crematory Montevue CemeteryLocation Frederick, Maryland - R.I.D18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 28-Jan 1948 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27th 19 48 at 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 19 48 to Jan 27 19 48 and that I last saw him alive on Jan 26 19 48Immediate cause of death Cerebral hemorrhage

DURATION

1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

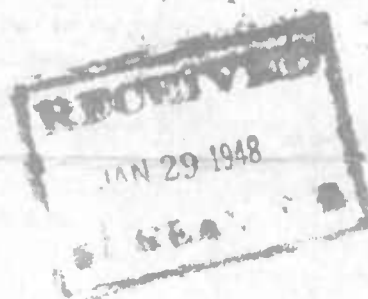
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. C. Kuyas Jr. R.D. M. D. or otherAddress Frederick Md Date signed Jan 28 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00514

131

1. PLACE OF DEATH:

County Frederick
 City or town Braddock Heights
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
Frederick R # 5
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Braddock Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ---
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS. SADIE C. LEMEN STEPHEN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Rev. Jesse E. Stephen
 6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) October 25 1892
 8. AGE: Years 55 Months 2 Days 27 If less than one day --- hrs. --- min.

9. Birthplace Elkton Rockingham Co. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name William H. Lemen

13. Birthplace Elkton Va.

MOTHER 14. Maiden name Virginia Henshaw

15. Birthplace Elkton Va.

16. Informant Rev Jesse E. Stephen

Address Frederick Md. R # 5

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 1/25/48
 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. 22 Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1948 19 48, at 5.15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 19 47 to Jan 22 19 48
 and that I last saw him alive on Jan. 21 19 48

Immediate cause of death Carcinomatosis DURATION 10 months
(Liver; Abdomen)

Due to Primary Carcinoma 4 years
Signs and

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations --- Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

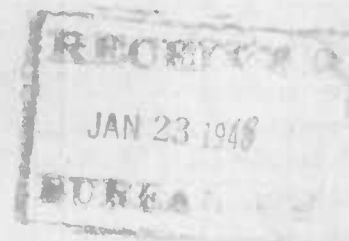
Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) --- (County) --- (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE Bernard Henshaw M.D.
Frederick, Md M.D. or other ---
 Address --- Date signed 1/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of first name is shown on

FILM No. G 114 MAR 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00515

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since May 1946

Hospital, institution, or street address where death occurred:

277 West Fifth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 277 West Fifth Street

(If rural, give LOCATION)

None

2.(d) If veteran, name war

3. (a) FULL NAME

Herman ~~HERMAN~~ WINFRED STOUGH

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Hannah E. Brown

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.)

October 15, 1872

8. AGE:

Years

Months

Days

It less than one day

75

3

16

hrs.

min.

9. Birthplace

Stahlstown, Pennsylvania

(Town, county, and state)

10. Usual occupation

Retired Post Office Clerk

11. Industry or business

FATHER

12. Name

George W. Stough

MOTHER

13. Birthplace

West Moreland County Pa.

14. Maiden name

Elizabeth Uphouse

15. Birthplace

Somerset County Pa.

16. Informant

Mrs. H. W. Stough

Address

277 W. 5th St., Frederick, Md.

17. Removal

(Burial, cremation, or removal, which?)

Date thereof

2/2/48

(month) (day) (year)

Cemetery or crematory

Greensburg, Pennsylvania

Location

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 1- Feb

1948

(Date rec'd by registrar)

Elizabeth G. Etch.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1948, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to Jan 31 1948

and that I last saw him alive on Jan 31 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick W. Ark M. D.

Address Frederick, Maryland Date signed 1-31-48

RECEIVED

FEB 4 1948

DE BEAUVOIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00516

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Fred. Memorial Hospital
 How long in hospital or institution? 7 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME Dr. Frank Swearingen

3. (b) Social Security Number no

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Hazel Morgan Swearingen
 7. Birth date of deceased (mo., day, yr.) Aug 18, 1900
 6. (c) If alive, give age 3 years
 8. AGE: Years 47 Months 5 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation dentist
 11. Industry or business _____
 FATHER 12. Name John P. Swearingen
 13. Birthplace W. Va
 MOTHER 14. Maiden name Anna M. Barnes
 15. Birthplace W. Va

16. Informant Kenneth Swearingen
 Address Fairmont W. Va
 17. Burial Date thereof Jan 21-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or place of interment St. Zion Cem
 Location Fairmont W. Va

18. Funeral director M. E. Creazy Day
 Address Thurmont Md

19. Date rec'd by registrar Jan. 19, 1948 Elizabeth L. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1948 at 11:40 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 11, 1948 to Jan. 18, 1948
 and that I last saw him alive on Jan. 18, 1948

Immediate cause of death Bullet wound of chest.
 DURATION _____

Due to _____
 Due to _____

Other conditions Anti Peritonitis
 (Include pregnancy within 3 months of death)

Major findings of operations none
 Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of Jan. 11, 1948
 Where did injury occur? Thurmont, Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None
 Means of injury Shot gun Injured at work? _____

23. SIGNATURE A. A. Owen, M.D.
 Address Frederick, Md. Date signed 1/18/48



12/17/48 J. L. Mc...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1640

00517

132

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Louis R. Taylor

3. (b) Social Security Number

no

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____ 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 28, 1919

8. AGE: Years 28 Months 6 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business

12. Name Ray Taylor

13. Birthplace Middletown, Md.

14. Maiden name Mary Easterday

15. Birthplace Middletown, Md.

16. Informant Bernard Taylor

Address Middletown, Md.

17. Burial Date thereof 8-8-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Jefferson, Md.

18. Funeral director Chadhill Co.

Address Middletown, Md.

19. Jan 7 1948 Marie Chadhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him dead Jan 6 1948

Immediate cause of death Gun shot wound of chest

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide suicide Date of 1-6-48

Where did injury occur? near Middletown Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) farm on farm

Means of injury 12 ga. Gunshot wound Injured at work? no

23. SIGNATURE R. W. Bannister M. D. or other Dr.

Address Frederick, Md. Date signed 1-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 00518
 Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
611 Chapel Alley
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 611 Chapel Alley
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

ALBERT FENTON UNGLEBOWER

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Maggie Rose Rickerd
 6.(c) If alive, give age 67 years
 7. Birth date of deceased (mo., day, yr.) February 7, 1878
 8. AGE: Years 69 Months 11 Days 1 It less than one day
hrs.min.

9. Birthplace Nr. Feagaville-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Joseph Unglebower
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Josephine Stockman
 15. Birthplace Frederick County Maryland

18. Informant Mrs. Maggie R. Unglebower
 Address 611 Chapel Alley, Frederick, Md.

17. Burial Date thereof 1-10-48
 (Burial, cremation or removal, which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 10 Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8th 1948 11:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19.....to.....19.....
 and that I last saw him in DEAD January 8th 1948

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. R. B. Baw Deputy Medical Examiner
 Address Frederick, Maryland M. D. or other
 Date signed 1/8/48

RECEIVED
JAN 13 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 11/4/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 11/4/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel
 City or town Pasadena
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Evelyn G. Vermillion

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. AGE: Years 41 Months 4 Days 29 If less than one day _____ hrs. _____ min.
 7. Birth date of deceased (mo., day, yr.) August 6, 1906
 6. (c) If alive, give age 45 years

8. (b) Name of husband xxx Pellman Vermillion

9. Birthplace Odenton, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____

12. Name Milton Lowman
 13. Birthplace Gambrills, Maryland
 14. Maiden name Bertha Jackson
 15. Birthplace Elkridge, Maryland
Pellman Vermillion, Husband

16. Informant Bertha Knight, Mother.
 Address Husband - Pasadena, Maryland
Mother - Severn, Maryland
 17. Burial Date thereof Jan. 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Glen Haven Cem.
 Location Baltimore Co. Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. January 5 19 48
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 48 at 2:55P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 4 19 47, to January 4 19 48
 and that I last saw her alive on January 4 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Mos.

xxx

Due to _____

Other conditions Diabetes Mellitus 5 Mos.

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Bellin M. D. xxx

Address State Sanatorium, Md. Date signed 1/5/48

RECEIVED

JAN 7 1948

ST. PAUL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ¹⁴ correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 00520
 131
 Reg. Diat. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
411 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 411 South Market Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

HOWARD NEWTON WACHTER

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

8. (b) Name of husband or wife Manzella Bell
 6. (c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) October 5, 1867
 8. AGE: Year 80 Months 3 Day 1 If less than one day
 hrs. min.

9. Birthplace Charlesville-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business

12. Name Wesley A. Wachter
 13. Birthplace Frederick County Maryland
 14. Maiden name Susanne Smith
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Manzella B. Wachter
 Address 411 S. Market St., Frederick, Md.

17. Burial Date thereof 1/9/48
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 7-Jan-48 Elizabeth G. Heck
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1948 at 10:35 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1948 to Jan 6 1948
 and that I last saw him alive on Jan 6 1948
 Immediate cause of death Coronary thrombosis

DURATION

Due to 3 Dec
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. Etchison M. D.
 Address Frederick, Maryland M. D. or other
 Date signed 1-7-48

RECEIVED

JAN 9 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00521

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 319 East Third Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LLOYD WILLIAM WACHTER

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Virgie E. Staley6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

August 31, 1871

8. AGE:

Years

Months

Days

If less than one day

76418

hrs.

min.

9. Birthplace

Charlesville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

Ezra Wachter

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Julia Ann Stull

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Virgie Wachter

Address

319 E. 3rd St., Frederick, Md.

17.

Burial

Date thereof

1/21/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

21 Jan 1948
(Date rec'd by registrar)Elizabeth S. Hock
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1948 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12, 1946 to Jan 19, 1948
and that I last saw him alive on Jan 18, 1948

Immediate cause of death

Chronic Myocarditis 24 yrs +

DURATION

Due to

Arteriosclerosis 24 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Thomas M. D.

M. or other

Address Frederick, Maryland Date signed 1-20-48

RECORDED

JAN 23 1948

BT 66 67 68

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00522

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Lida Elizabeth Weagly

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Clinton D. Weagly

7. Birth date of deceased (mo., day, yr.)

Nov. 19, 1880

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67212

hrs.

min.

9. Birthplace

Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

D. Edward Kefauver

13. Birthplace

Middletown, Md.

14. Maiden name

Amenda Snyder

15. Birthplace

Keedysville, Md.

16. Informant

Louise Weagly

Address

Middletown, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Reform Cemetery

Location

Middletown, Md.

18. Funeral director

Washburn Co.

Address

Middletown, Md.

19. Feb 2

1948

Marie Washburn
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

Frederick

City or town

Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 31

19

48 at 2:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1

19

47 toJan. 31

19

48

and that I last saw him alive on

Jan. 31

19

48

Immediate cause of death

Carcinoma of Caecum

Due to

withMetastases to Liver

Due to

DURATION

6 mo.

Other conditions

Jaundice

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Garra, M.D.

M. D. or other

Address

Frederick, Md.

Date signed

1/31/48

RECEIVED
DEC 10 1948
BY 6-2

[Faint handwritten notes at the bottom of the page]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, i.e. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
 200 West South Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 200 West South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

Virginia D. Franklin Welty

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or ~~widow~~ Scott Sherman Welty

7. Birth date of deceased (mo., day, yr.) December 29-1870

8. AGE: Years 77 Months 0 Days 22 If less than one day
 .hrs. .min.

8. Birthplace Bedford, Virginia (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name John H. Franklin

13. Birthplace Bedford, Virginia

14. Maiden name Arrabella Creasey

15. Birthplace Bedford, Virginia

16. Informant Philip H. Welty, Sr.

Address 200 W. South St.-Frederick, Md.

17. Burial Date thereof Jan. 23-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E.Cline and Son

Address Frederick, Maryland

19. 22 Jan 1948 Elizabeth B. Hecks
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20th 1948 at 6:45P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Jan 20 1948 and that I last saw her alive on January 20 1948

Immediate cause of death Co. 2 ascending colon with gangrenosis
 Due to melanoma DURATION 5 years

Due to
 Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Howard W. Kuh M D
 M. D. or other

23. SIGNATURE Frederick Md Date signed 1-22-48
 Address

RECORDED

JAN 23 1948

BUREAU

Mr. H. H. Wood

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 93e 00524
 Reg. Dist. No. 131

1. PLACE OF DEATH:

 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
14 East 4th St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 East 4th St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war na

3. (a) FULL NAME

Harvey Cleason Mills

3. (b) Social Security Number

214-14-6456
 4. Sex male 5. Color or race white 6. (a) ~~Single, married, widowed, or divorced~~ married

 6. (b) Name of husband or wife Nellie W. Huntington
Mills 6. (c) If alive, give age 51 years

 7. Birth date of deceased (mo., day, yr.) March 14, 1877

 8. AGE: Years 70 Months 10 Days 7 If less than one day
 hrs. min.

 9. Birthplace Greentown, Pa.
 (Town, county, and state)

 10. Usual occupation Carpenter

11. Industry or business

 FATHER 12. Name Calvin Mills
 13. Birthplace Greentown, Pa.

 MOTHER 14. Maiden name unknown
 15. Birthplace

 16. Informant Mrs. Nellie Mills
 Address Frederick, Md.

 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 24, 1948
 (month) (day) (year)
 Cemetery or crematory Frederick Memorial Park
 Location Frederick, Md.

 18. Funeral director Gladhill Co.
 Address Middletown, Md.

 19. 23 Jan 1948 Elizabeth S. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH January 21 1948 at 10:50 P.M.

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to Jan 21 1948
 and that I last saw him alive on Jan 20 1948

 Immediate cause of death Myocarditis DURATION 10 mos

Due to

Due to

Due to

 Other conditions Paraschymatous Nephritis ?
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

 23. SIGNATURE J.M. Goodman M. D. or other
 Address Frederick, Md. Date signed 1/23/48

RECEIVED
JAN 24 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00525

Reg. Dist. No. 134

1. PLACE OF DEATH: County... <u>Fredrick</u> City or town... <u>Emmitsburg, Md</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>9 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?... <u>at home</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Fredrick</u> City or town... <u>Near - Emmitsburg, Md</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>on Farm</u> (If rural, give LOCATION) 2(a) If veteran, name war...			
3. (a) FULL NAME <u>Mary Jane Woods</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>				5. Color or race <u>White</u>			
6. (a) Single, married, widowed, or divorced <u>Widowed</u>				6. (b) Name of husband or wife <u>Levi Benoit Woods</u>			
7. Birth date of deceased (mo., day, yr.) <u>August 28 - 1842</u>				6. (c) If alive, give age <u>Dead</u>			
8. AGE: Years... <u>102</u>		Months... <u>4</u>		Days... <u>28</u>		If less than one day ...hrs. ...min.	
9. Birthplace <u>Morristown, Tennessee</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business <u>Housekeeping</u>							
12. Name <u>Caswell, Gregory</u>							
13. Birthplace <u>Morristown, Tenn.</u>							
14. Maiden name <u>Margaret Anne</u>							
15. Birthplace <u>Morristown, Tenn.</u>							
16. Informant <u>Ona E. Woods (Daughter)</u> Address... <u>Emmitsburg, Md</u>							
17. Burial (Burial, cremation, or removal. Which?) Date thereof... <u>January 29, 1948</u> (month) (day) (year) Cemetery or crematory... <u>Reynolds Cemetery</u> Location... <u>Reynolds, Maryland</u>							
18. Funeral director <u>S. S. Collins</u> Address... <u>Emmitsburg, Md.</u>							
19. Date rec'd by registrar <u>Jan 28 48</u>							
20. Signature <u>M. F. Shuff</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 1 - 1945, to Jan - 26 - 1948</u> and that I last saw him/her alive on... <u>January 25 - 1948</u>							
22. MEDICAL CERTIFICATION Immediate cause of death... <u>Arterial Hemorrhage</u> Due to... <u>Arteriosclerosis</u> Due to... Other conditions... (Include pregnancy within 3 months of death) Major findings of operations... <u>no operation</u> Date of op... Autopsy results... <u>None</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.							
23. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... Where did injury occur? <u>no injury - natural death</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
24. SIGNATURE <u>George H. Riggs MD</u> Address... <u>Emmitsburg, Md</u> Date signed... <u>1-26-1948</u>							

RECEIVED
FEB 3 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 189 00526 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

213 Phebus Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 213 Phebus Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JAMES SYLVESTER YOUNG

3. (b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 8, 1946

6. (c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>22</u>	hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant11. Industry or business Unknown12. Name Unknown13. Birthplace Unknown14. Maiden name Viola Young15. Birthplace Frederick County Maryland16. Informant Viola YoungAddress 213 Phebus Ave., Frederick, Md.17. Burial Date thereof 1/31/48

(Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 30 Jan 1948 Registrar Elizabeth G. Heck

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 117 local Jan 30 19 48Immediate cause of death malnutrition

due to insufficient food - no medical care [24 hrs. etc.]

DURATION 6 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bane Deputy Med Ex.Address Frederick, Md. Date signed 1-30-48

TO: THE SECRETARY OF STATE

FROM: THE SECRETARY OF STATE

RECEIVED
FEB 2 1948
STATE DEPT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00527

131

Reg. Diat. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 1917

Hospital, institution, or street address where death occurred:

409 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 409 North Market Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

LAURA VIRGINIA ZIMMERMAN

3. (b) Social Security Number

None4. Sex F5. Color or race W6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Lewis F. Zimmerman7. Birth date of deceased (mo., day, yr.) October 21, 1864

6. (c) If alive, give age years

8. AGE: Years 83 Months 2 Days 20 It less than one day hrs. min.9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name A. B. Holtz13. Birthplace Frederick County Maryland14. Maiden name Mary E. Cromwell15. Birthplace Frederick County Maryland16. Informant Carl HoltzAddress Trail Ave., Frederick, Md.17. Burial 1/13/48

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 Jan 1948 Elizabeth S. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948 at 4:40A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15, 1947 to Jan 11, 1948and that I last saw him alive on Jan 11, 1948Immediate cause of death Cardiac arrestDue to Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

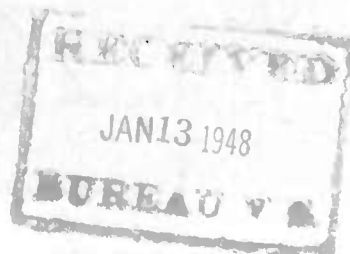
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Franck H. Hedgler M. D.

Frederick, Maryland M. D. or other

Address 1-12-48 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
225 West Seventh Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 225 West Seventh Street
(If rural, give LOCATION)
None
2. (a) If veteran, name war

3. (a) FULL NAME

M. ESTELLA ZIMMERMAN

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
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6. (b) Name of husband or wife William D. N. Zimmerman
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 1, 1876
8. AGE: Years 72 Months 0 Days 10 If less than one day hrs. min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 11, 1948 at 1:58 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1st, 1947 to January 11, 1948 and that I last saw him alive on January 11th, 1948
Immediate cause of death
Cerebral hemorrhage
Due to Cardiovascular disease
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION
42 days
over
12 yrs.

9. Birthplace Washington County Maryland
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business
12. Name Samuel W. Hoffmaster
13. Birthplace Washington County Maryland
14. Maiden name Mary Catherine Rohrer
15. Birthplace Washington County Maryland
16. Informant Mrs. Emory Alexander
Address 225 W. 7th St., Frederick, Md.
17. Burial Date thereof 1/14/48
(Burial, cremation, or removal) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE G. H. Conley M. D. xxx
Frederick, Maryland Date signed 1/12/48

19. 12 Jan 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

